

FILED

OCT 07 2019

SUSAN Y. SOONG
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN JOSE

THE CASE

19.63.83

DMR

UNINHABITABLE DWELLING

ANTHONY FERRANTINO WAS
DENIED HABITABLE DWELLING.
HARM TO BREATHING

FEDERAL QUESTION:

1. FAIR HOUSING ACT
2. UNITED STATES DEPARTMENT
OF HOUSING AND URBAN DEVELOPMENT

HUD COMPLAINT FILED, 9/30/19
DOCTOR'S LETTERS SAY
CRANE PLACE CAUSED

CHRONIC OBSTRUCTIVE PULMONARY
DISEASE.

THE CASE

ANTHONY FERRANTINO WAS INJURED BY CRANE PLACE SMOKE COMING INTO FERRANTINO'S APT. 402 FOR SIX MONTHS.

SMOKE FILLING APARTMENT HAS CAUSED CHRONIC OBSTRUCTIVE PULMONARY DISEASE.

STANFORD HOSPITAL DOCTORS LETTER STATING CRANE PLACED CAUSED HARM TO BREATHING. ATTACHED

ANTHONY FERRANTINO, FILED HUD COMPLAINT - VIOLATION OF CHAPTER 4 HUD REGULATIONS. HUD BUILDING CAUSING PHYSICAL HARM TO HUD RESIDENT. HARM TO BREATHING.


COMPLAINT GIVES LEAVE TO FILE DAMAGES FOR EMOTIONAL DISTRESS.

FEDERAL QUESTION: HUD REGULATIONS PHYSICAL HARM BY CRANE PLACE TO ANTHONY FERRANTINO - RESIDENT.

THE CASE

ANTHONY FERRANTINO COMES BEFORE
THE COURT AND PRAYS FOR
RELIEF IN THE AMOUNT OF
\$ 50,000.

ANTHONY FERRANTINO
1331 CRANE STREET APT. 402
MENLO PARK, CA 94025

SIGNATURE: 

ANTHONY FERRANTINO.

DATE OCTOBER 1, 2019.



Stanford Internal Medicine
(650) 498-9000

<http://sim.stanford.edu>

Stanford Internal Medicine
At Quarry Road
211 Quarry Road, Suite 305
Palo Alto, CA 94304

9/10/2019

RE: Anthony J Ferrantino
555 Bryant St
Palo Alto CA 94301-1704

To Manager, Crane Place, Menlo Park

Alfonso Delacerda:

This is to verify that Anthony J Ferrantino (DOB 8/26/1946) is a patient who receives care at the Stanford Internal Medicine Clinic.

Anthony J Ferrantino has been suffering from the immediate effects of second hand tobacco smoke which he notes is rising up from the floor(s) below him. This has caused a variety of respiratory ailments including rhinorrhea, bronchitis, wheezing, coughing, insomnia for past four months as documented in his records.

Sincerely,

A handwritten signature in black ink, appearing to be "Terry Vincent Fotre", written over a large, loopy "O" that starts the signature.

Dr. Terry Vincent Fotre
Asst. Clinical Professor of Medicine

Anthony J Ferrantino
DOB: 8/26/1946
Stanford Health Care

9-30-19

DATE STAMP

HUD COMPLAINT
FILED

OFFICE OF THE
REGIONAL ADMINISTRATOR

19 SEP 30 PM 1:35

U.S. DEPT. HOUSING URBAN DEVELOPMENT
REGIONAL OFFICE
1 SANSONE STREET
SAN FRANCISCO, CA

PLACE
POSTAGE
HERE

MAIL TO:

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The Department of Housing and Urban Development is authorized to collect this information by Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, (P.L. 100-430); Title VI of the Civil Rights Act of 1964, (P.L. 88-352); Section 504 of the Rehabilitation Act of 1973, as amended, (P.L. 93-112); Section 109 of Title I- Housing and Community Development Act of 1974, as amended, (P.L. 97-35); Americans with Disabilities Act of 1990, (P.L. 101-336); and by the Age Discrimination Act of 1975, as amended, (42 U.S.C. 6103).

The information will be used to investigate and to process housing discrimination complaints. The information may be disclosed to the United States Department of Justice for its use in the filing of pattern and practice suits of housing discrimination or the prosecution of the person(s) who committed that discrimination where violence is involved; and to State or local fair housing agencies that administer substantially equivalent fair housing laws for complaint processing. Failure to provide some or all of the requested information will result in delay or denial of HUD assistance.

Disclosure of this information is voluntary.



HOUSING DISCRIMINATION INFORMATION

Departamento de Vivienda y Desarrollo Urbano Oficina de Derecho Equitativo a la Vivienda
U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity

Instructions: (Please type or print) Read this form carefully. Try to answer all questions. If you do not know the answer or a question does not apply to you, leave the space blank. You have one year from the date of the alleged discrimination to file a complaint. Your form should be signed and dated.

ANTHONY FERRANTINO
Your Name
1331 CRANE STREET APT. 402
Your Address
MENLO PARK CA 94025
City State Zip Code
650 614 0846
Best time to call Your Daytime Phone No Evening Phone No

Who else can we call if we cannot reach you?

Contact's Name	Best Time to call
Daytime Phone No	Evening Phone No
Contact's Name	Best Time to call
Daytime Phone No	Evening Phone No

What happened to you?

How were you discriminated against?

For example: were you refused an opportunity to rent or buy housing? Denied a loan? Told that housing was not available when in fact it was? Treated differently from others seeking housing?

State briefly what happened.

OFFICE OF THE
REGIONAL ADMINISTRATOR
19 SEP 30 PM 1:35

HOUSING DISCRIMINATION INFORMATION

Departamento de Vivienda y Desarrollo Urbano Oficina de Derecho Equitativo a la Vivienda
U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity

2 Why do you think you are a victim of housing discrimination?

Is it because of your:

• race • color • religion • sex • national origin • familial status (families with children under 18) • disability?

For example: were you denied housing because of your race? Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children?

Briefly explain why you think your housing rights were denied and circle the factor(s) listed above that you believe apply.

Who do you believe discriminated against you?

For example: was it a landlord, owner, bank, real estate agent, broker, company, or organization?

Identify who you believe discriminated against you.

Name ANTHONY FERRANTINO. CRANE PLACE
Address 1331 CRANE STREET APT. 402.

4 Where did the alleged act of discrimination occur?

For example: Was it at a rental unit? Single family home? Public or Assisted Housing? A Mobile Home?

Did it occur at a bank or other lending institution?

Provide the address.

Address CRANE PLACE
City 1331 CRANE STREET State _____ Zip Code _____

MENLO PARK, CA 94025

5 When did the last act of discrimination occur?

Enter the date

____/____/____

Is the alleged discrimination continuing or ongoing?

Yes No

☒ ☐

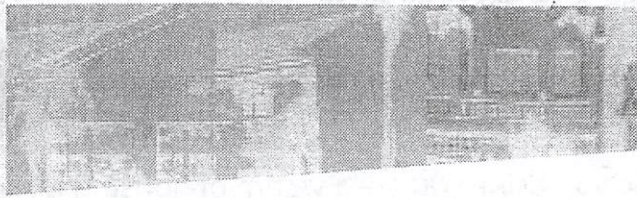
Signature

Anthony Ferrantino

Date

9/30/19.

Send this form to HUD or to the fair housing agency nearest you. If you are unable to complete this form, you may call that office directly. See address and telephone listings on back page.



It is Unlawful to Discriminate in Housing Based on These Factors...

- Race
- Color
- National origin
- Religion
- Sex
- Familial status (families with children under the age of 18, or who are expecting a child)
- Handicap (if you or someone close to you has a disability)

If You Believe Your Rights Have Been Violated...

- HUD or a State or local fair housing agency is ready to help you file a complaint.
- After your information is received, HUD or a State or local fair housing agency will contact you to discuss the concerns you raise.

COMPLAINT FILED 9/30/19
HUD REGIONAL OFFICE

Keep this information for your records.

Date you mailed your information to HUD:

9/30/19

Address to which you sent the information:

REGIONAL OFFICE

Office

Telephone

1 SANSOME STREET

Street

SAN FRANCISCO CA

City

State

Zip Code

If you have not heard from HUD or a State or local fair housing agency within three weeks from the date you mailed this form, you may call to inquire about the status of your complaint. See address and telephone listings on back page.

Detach here. Fold and close with glue or tape (no staples)

ARE YOU A VICTIM OF HOUSING DISCRIMINATION?

"The American Dream of having a safe and decent place to call 'home' reflects our shared belief that in this nation, opportunity and success are within everyone's reach.

Under our Fair Housing laws, every citizen is assured the opportunity to build a better life in the home or apartment of their choice — regardless of their race, color, religion, sex, national origin, family status or disability."

Alphonso Jackson
Secretary

HOW DO YOU RECOGNIZE HOUSING DISCRIMINATION?

Under the Fair Housing Act, it is Against the Law to:

- Refuse to rent to you or sell you housing
- Tell you housing is unavailable when in fact it is available
- Show you apartments or homes only in certain neighborhoods
- Set different terms, conditions, or privileges for sale or rental of a dwelling
- Provide different housing services or facilities
- Advertise housing to preferred groups of people only
- Refuse to provide you with information regarding mortgage loans, deny you a mortgage loan, or impose different terms or conditions on a mortgage loan
- Deny you property insurance
- Conduct property appraisals in a discriminatory manner
- Refuse to make reasonable accommodations for persons with a disability if the accommodation may be necessary to afford such person a reasonable and equal opportunity to use and enjoy a dwelling.
- Fail to design and construct housing in an accessible manner
- Harass, coerce, intimidate, or interfere with anyone exercising or assisting someone else with his/her fair housing rights

HUD COMPLAINT FILED 9/30/19
By ANTHONY FERRANTINO
HUD OFFICE 1 SANSOME SAN FRANCISCO, CA.

WHERE TO MAIL YOUR FORM OR
INQUIRE ABOUT YOUR CLAIM

**For Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and Vermont:
NEW ENGLAND OFFICE**
Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Thomas P. O'Neill, Jr. Federal Building
10 Causeway Street, Room 321
Boston, MA 02222-1092
Telephone (617) 994-8320 or 1-800-827-5005
Fax (617) 565-7313 • TTY (617) 565-5453
E-mail: Complaints_office_01@hud.gov

**For New Jersey and New York:
NEW YORK/NEW JERSEY OFFICE**
Fair Housing Hub
U.S. Dept. of Housing and Urban Development
26 Federal Plaza, Room 3532
New York, NY 10278-0068
Telephone (212) 264-1290 or 1-800-496-4294
Fax (212) 264-9829 • TTY (212) 264-0927
E-mail: Complaints_office_02@hud.gov

**For Delaware, District of Columbia, Maryland,
Pennsylvania, Virginia, and West Virginia:
MID-ATLANTIC OFFICE**
Fair Housing Hub
U.S. Dept. of Housing and Urban Development
The Wanamaker Building
100 Penn Square East
Philadelphia, PA 19107
Telephone (215) 656-0663 or 1-888-799-2085
Fax (215) 656-3419 • TTY (215) 656-3450
E-mail: Complaints_office_03@hud.gov

**For Alabama, the Caribbean, Florida, Georgia, Kentucky, Missis-
sippi, North Carolina, South Carolina, and Tennessee:
SOUTHEAST/CARIBBEAN OFFICE**
Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Five Points Plaza
40 Marietta Street, 16th Floor
Atlanta, GA 30303-2808
Telephone (404) 331-5140 or 1-800-440-8091
Fax (404) 331-1021 • TTY (404) 730-2654
E-mail: Complaints_office_04@hud.gov

**For Illinois, Indiana, Michigan, Minnesota,
Ohio, and Wisconsin:
MIDWEST OFFICE**
Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Ralph H. Metcalfe Federal Building
77 West Jackson Boulevard, Room 2101
Chicago, IL 60604-3507
Telephone (312) 353-7776 or 1-800-765-9372
Fax (312) 886-2837 • TTY (312) 353-7143
E-mail: Complaints_office_05@hud.gov

**For Arkansas, Louisiana, New Mexico, Oklahoma, and Texas:
SOUTHWEST OFFICE**
Fair Housing Hub
U.S. Dept. of Housing and Urban Development
801 North Cherry, 27th Floor
Fort Worth, TX 76102
Telephone (817) 978-5900 or 1-888-560-8913
Fax (817) 978-5876 or 5851 • TTY (817) 978-5595
E-mail: Complaints_office_06@hud.gov

**For Iowa, Kansas, Missouri and Nebraska:
GREAT PLAINS OFFICE**
Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Gateway Tower II
400 State Avenue, Room 200, 4th Floor
Kansas City, KS 66101-2406
Telephone (913) 551-6958 or 1-800-743-5323
Fax (913) 551-6856 • TTY (913) 551-6972
E-mail: Complaints_office_07@hud.gov

**For Colorado, Montana, North Dakota, South Dakota,
Utah, and Wyoming:
ROCKY MOUNTAINS OFFICE**
Fair Housing Hub
U.S. Dept. of Housing and Urban Development
1670 Broadway
Denver, CO 80202-4801
Telephone (303) 672-5437 or 1-800-877-7353
Fax (303) 672-5026 • TTY (303) 672-5248
E-mail: Complaints_office_08@hud.gov

**For Arizona, California, Hawaii, and Nevada:
PACIFIC/HAWAII OFFICE**
Fair Housing Hub
U.S. Dept. of Housing and Urban Development
1 Sansome St., 12th Floor
San Francisco, CA 94104
Telephone (415) 489-6524 or 1-800-347-3739
Fax (415) 489-6558 • TTY (415) 436-6594
E-mail: Complaints_office_09@hud.gov

**For Alaska, Idaho, Oregon, and Washington:
NORTHWEST/ALASKA OFFICE**
Fair Housing Hub
U.S. Dept. of Housing and Urban Development
Seattle Federal Office Building
909 First Avenue, Room 205
Seattle, WA 98104-1000
Telephone (206) 220-5170 or 1-800-877-0246
Fax (206) 220-5447 • TTY (206) 220-5185
E-mail: Complaints_office_10@hud.gov

**If after contacting the local office nearest you, you still have ques-
tions – you may contact HUD further at:**
U.S. Dept. of Housing and Urban Development
Office of Fair Housing and Equal Opportunity
451 7th Street, S.W., Room 5204
Washington, DC 20410-2000
Telephone (202) 708-0836 or 1-800-669-9777
Fax (202) 708-1425 • TTY 1-800-927-9275

To file electronically, visit: www.hud.gov

Are You a
Victim of
Housing
Discrimination?

Fair Housing is Your Right!

If you have been denied your
housing rights...you may have
experienced unlawful discrimina-
tion.



U.S. Department of Housing and Urban Development

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>ANTHONY FERRANTINO</u>
Street Address	<u>1331 CRANE STREET Apt. 402.</u>
City and County	<u>MENLO PARK, CA</u>
State and Zip Code	<u>CALIFORNIA 94025</u>
Telephone Number	<u></u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	<u>CRANE PLACE</u>
Job or Title (if known)	<u></u>
Street Address	<u>1331 CRANE STREET</u>
City and County	<u>MENLO PARK, CA</u>
State and Zip Code	<u>CALIFORNIA 94025.</u>
Telephone Number	<u></u>

Defendant No. 2

Name	<u></u>
Job or Title (if known)	<u></u>
Street Address	<u></u>
City and County	<u></u>
State and Zip Code	<u></u>
Telephone Number	<u></u>

Defendant No. 3

Name _____

Job or Title _____

(if known) _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

Defendant No. 4

Name _____

Job or Title _____

(if known) _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

II. Basis for Jurisdiction

Federal Courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in Federal Court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same state as any plaintiff.

What is the basis for Federal Court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

HUD REGULATIONS
U.S. DEPT. HOUSING URBAN DEVELOPMENT.
FAIR HOUSING ACT

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) _____, is a citizen of the State of (name) _____.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) _____, is a citizen of the State of (name) _____. Or is a citizen of (foreign nation) _____.

- b. If the defendant is a corporation

The defendant, (name) CRANE PLACE, is incorporated under the laws of the State of (name) CALIFORNIA, and has its principal place of business in the State of (name) CALIFORNIA. Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

\$50,000 RELIEF FOR
~~EMOTIONAL DISTRESS~~
UNINHABITABLE DWELLING

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

CRANE PLACE CAUSED PHYSICAL INJURY
HARM TO BREATHING. AFTER FILING
HUD COMPLAINT PLAINTIFF IS ASKING
RELIEF. DOCTOR'S NOTE STATING
CAUSATION.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

\$50,000 RELIEF SOUGHT

RENT 3,000 X 3 = 9,000
9,000 X 6 MONTHS OCCUPANCY EQUALS
50,000 DAMAGES SOUGHT.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: OCTOBER 7, 2019.

Signature of Plaintiff

Anthony Ferrantino

Printed Name of Plaintiff

ANTHONY FERRANTINO.